

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under oath that the information submitted above is true and accurate to the best of my knowledge and belief.

OFFICER NAME:

Please Print

Please Sign

DATE SIGNED:

NOTARY SECTION:

Subscribed and affirmed before me in the county of _____
State of _____, this _____ day of 20__.

Commission Expires _____

Signature _____

SEAL/STAMP